

St. Lawrence
Health System
Gouverneur Hospital

77 West Barney Street
Gouverneur, New York 13642
(315) 287-1000
StLawrenceHealthSystem.org

CERTIFICATION OF HOSPITAL RECORDS PURSUANT TO CPLR 4518

Date: 01/22/2021

Patient: MICHAEL MCCALLION

Medical Record Number: J000418116

I, Mari Pirie-St. Pierre, RHIA, am an employee of Gouverneur Hospital and delegated to certify and authenticate medical records.

Pursuant to Section 4518 of the Civil Practice Law and Rules: This is to certify that the attached is an exact copy of the original medical record(s) which I have in my custody. The medical record(s) were made and kept in the regular course of business of Gouverneur Hospital, and it is in the regular course of business of the hospital to make such medical records at or about the time of the events described in the medical records.

Dated: 1/25/2021

Mari Pirie-St. Pierre, RHIA
Mari Pirie-St. Pierre, RHIA
Director HIM

Mari Pirie-St. Pierre, RHIA
Printed Employee Name

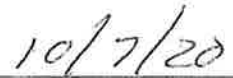
State of New York
County of St. Lawrence
Subscribed and Sworn to before
Me this 25 day of January 2021
Brittney Gravlén
Notary Public State of New York
My Commission expires _____



DELEGATION OF AUTHORITY FOR RECORD CERTIFICATION

I, Eric Burch, CEO, do hereby certify Mari Pirie-St.Pierre, RHIA, Director Health Information Management, has been authorized and instructed by me pursuant to §4518© of the Civil Practice Law and Rules to certify the writings, records, evaluation, photographs, of this institution, to the effect that such writings, records, evaluation, photographs, are the full and complete copy of the record of said condition, act, transaction, occurrence or event and that it was made in the regular course of such business to make it at the time of the condition, act, transaction, occurrence or event to within a reasonable time thereafter.



Eric Burch, CEO Gouverneur Hospital

Date

St. Lawrence Health System

Gouverneur Hospital



McCallian, Michael
Patient Label

84

EMERGENCY DEPARTMENT PHYSICIAN DOWNTIME DOCUMENTATION

Time Seen by PA/MD: 2325	CC/Condition on admit: NARCOTIC OVERDOSE
Chief Complaint & HPI: 35 YO M PRESENTS FROM GOUVERNEUR CORRECTIONAL BY AMBULANCE AFTER OVERDOSING ON SMOKING K2/SPICE HE WAS UNRESPONSIVE + WAS GIVEN 2 DOSES OF NARCAN WHICH BROUGHT PMH PT AROUND. HE DID HAVE HYPOTENSION INITIALLY + A IV CATH PLACED + 250MG BOLUS OF NS WAS GIVEN. AT ARRIVAL TO THE ER HE HAS NO COMPLAINTS. DENIES RECENT ILLNESS	
Family HX:	
Social HX:	
General APP: 35 YO M IN NAD	
Head/EENT & Mouth: NO/OT SEET ALL ORAL NORMAL OROPHARYNX	
Neck: SUPPLE FROM CLAD	
Cardiovascular: RRR	
Chest/Respiratory: CTA FLW/R/R	
Abdomen: NORMOACTIVE BS SOFT NTAD FLUARDING OR REBOUND	
Genitalia/GU:	
NEURO: CN II - XII INTACT, SENSATION INTACT TO TOUCH STRENGTH 5/5	
<div style="text-align: right;">HR 96 PT 10 PT 22</div>	
Musculoskeletal/EXT: FROM	
Skin condition: INITIAL TROP. 101 W/O IT REPEAT TROP. 264 12.4/15.3/172	
Test Results: EKG - SR @ 95 QST 23 PXR - NAD CT CHEST @ 7, 8, 9, 10 RIB FX'S, NO PTA 139/101/10 CT A/P - NAD 3.8/1.25/66	
DX: RIB Fx's U/A NAD EVID 2 SALICILATE 2.6 ACETAMINOPHEN 0	
RX & Plan: (U) RIB Fx's W/CRS. NC TROPONIN WILL TRANSFER PT. TO SUNY FOR FURTHER INVESTIGATION	
Patient Teaching: SUNY UPSTATE CONTACTED @ 0340. DR. CORNERY IN THE ER HAS ACCEPTED TRANSFER OF THE PT. FOR W/CRS. NC TROPONIN, (U) RIB Fx's	
Final Disposition: TRANSFER TO SUNY UPSTATE	
Name/Time Consult Dr. Called:	Name/Time seen by Consult Dr:
Radiologist Consult:	
Condition on discharge: STABLE	
Date: Time:	PA Signature: [Signature]
Physician Name:	
Date: Time:	Physician Signature:

**Gouverneur Hospital
Imaging Services Department
Imaging Report
77 West Barney Street
Gouverneur, New York 13642
315-535-9263**

Name: MCCALLION, MICHAEL
DOB: [REDACTED] 1984 **Age/Sex:** 35M
Ordering Provider: Michael A Kiger, PA
Med Rec #: [REDACTED] 8116
Account #: 000101310
Reg Status: DEP ER Room #:
Date of Service: 10/29/20
Report Number: 1114-0046

cc: Michael A Kiger, PA; Timothy Moon, DO
Send Report To:

X000097833 CT/CT Chest No Contrast

Reason for exam: POSSIBLE OVERDOSE

FINDINGS:

LUNGS: Mild bibasal atelectasis.

PLEURAL SPACES: No pneumothorax evident. No pleural effusions.

HEART: No cardiomegaly. No significant pericardial effusion.

LYMPH NODES: No lymphadenopathy is evident.

UPPER ABDOMEN: Abdominal findings described separately.

BONES: Acute non-displaced fractures of the left 7, 8, 9, 10 anterolateral ribs.

Impression

Acute non-displaced fractures of the left 7, 8, 9, 10 anterolateral ribs. No pneumothorax.

Electronically signed on Oct 29, 2020 1:29:20 AM EDT by:

Steve Wei, MD

Diplomate, American Board of Radiology

While performing the above CT exam, the following dose reduction techniques were used:

- *Automated exposure control
- *Adjustment of the mA and/or kV according to patient size
- *Use of iterative reconstruction technique

CT Dose in mGy:

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Name: MCCALLION, MICHAEL
DOB: [REDACTED] 1984 **Age/Sex:** 35M
Ordering Provider: Michael A Kiger, PA
Med Rec #: [REDACTED] 3116
Account #: [REDACTED] 1310
Reg Status: DEP ER **Room #:**
Date of Service: 10/29/20
Report Number: 1114-0046

Contrast Agent: Amount in ml:

Method of Administration:

****REPORT SIGNATURE ON FILE****
Reported By: Stephen Wei, MD
12/09/20 1207

Dictation Date/Time: 10/29/20 0129
Transcribed Date/Time: 11/14/20 1650
Transcriptionist: HIM.THAMA